

Manlift Monthly Maintenance Report
Michigan Department of Labor & Economic Growth
Bureau of Construction Codes / Elevator Safety Division
P.O. Box 30254, Lansing, MI 48909
517-241-9337

STATE SERIAL NUMBER

Authority: 1967 PA 227 Completion: Mandatory Penalty: \$50 Fine	The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
---	--

INSTRUCTIONS: All manlifts shall be inspected by a competent designated person at intervals of not more than 30 days. Limit switches shall be checked weekly. Manlifts found to be unsafe shall not be operated until properly repaired. Unsafe acts or unauthorized use must be reported immediately to authorities.

IDENTIFICATION

NAME OF OWNER			DATE OF EXAMINATION		SHOP NO.	
ADDRESS			LOCATION OF MANLIFT (Building / Department)			
CITY	STATE	ZIP CODE	LIFTING CAPACITY		SPEED FT. / MIN.	
NO. OF STEPS AVAILABLE FOR UP DIRECTION AT ONE TIME			TOTAL NO. OF STEPS		TOTAL LIFTING AND LOWERING CAPACITY	

CONDITION OF MACHINE AND SIGNS

	<u>GOOD</u>	<u>NEEDS REPAIR</u>		<u>GOOD</u>	<u>NEEDS REPAIR</u>		<u>GOOD</u>	<u>NEEDS REPAIR</u>
1. BELT AND BELT JOINT	<input type="checkbox"/>	<input type="checkbox"/>	11. ILLUMINATION	<input type="checkbox"/>	<input type="checkbox"/>	21. ROPE CONTROL STOP	<input type="checkbox"/>	<input type="checkbox"/>
2. BOTTOM PULLEY AND CLEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	12. LIMIT SWITCHES	<input type="checkbox"/>	<input type="checkbox"/>	22. SKIP (ON UP OR DOWN RUN WHEN MOUNTING STEP) (CHECK DRIVE TRAIN)	<input type="checkbox"/>	<input type="checkbox"/>
3. BOTTOM PULLEY TAKEUP	<input type="checkbox"/>	<input type="checkbox"/>	13. LUBRICATION	<input type="checkbox"/>	<input type="checkbox"/>	23. STEPS	<input type="checkbox"/>	<input type="checkbox"/>
4. BRAKE	<input type="checkbox"/>	<input type="checkbox"/>	14. MOTOR	<input type="checkbox"/>	<input type="checkbox"/>	24. STEP FASTENINGS	<input type="checkbox"/>	<input type="checkbox"/>
5. DRIVE COUPLING	<input type="checkbox"/>	<input type="checkbox"/>	15. MOTOR COUPLING	<input type="checkbox"/>	<input type="checkbox"/>	25. TOP PULLEY	<input type="checkbox"/>	<input type="checkbox"/>
6. DRIVING MECHANISM	<input type="checkbox"/>	<input type="checkbox"/>	16. PULLEY LAGGING	<input type="checkbox"/>	<input type="checkbox"/>	26. VIBRATION AND MISALIGNMENT	<input type="checkbox"/>	<input type="checkbox"/>
7. ELECTRICAL SWITCHES	<input type="checkbox"/>	<input type="checkbox"/>	17. PULLEY SUPPORTS	<input type="checkbox"/>	<input type="checkbox"/>	27. WARNING SIGNS AND LIGHTS	<input type="checkbox"/>	<input type="checkbox"/>
8. FLOOR LANDINGS - SLIPPERY CONDITIONS	<input type="checkbox"/>	<input type="checkbox"/>	18. RAIL SUPPORTS AND FASTENINGS	<input type="checkbox"/>	<input type="checkbox"/>	28. OTHER (SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>
9. GUARDRAILS	<input type="checkbox"/>	<input type="checkbox"/>	19. RAIL / TRACK	<input type="checkbox"/>	<input type="checkbox"/>			
10. HANDHOLD FASTENINGS	<input type="checkbox"/>	<input type="checkbox"/>	20. ROLLERS AND SLIDES	<input type="checkbox"/>	<input type="checkbox"/>			

SIGNATURE

MAINTENANCE INSPECTOR	DATE
-----------------------	------

Use Reverse Side For Comments

THIS REPORT TO BE KEPT ON FILE BY THE EMPLOYER AND KEPT AVAILABLE FOR EXAMINATION
BY DULY QUALIFIED INSPECTORS AS REQUIRED BY R 408.7069 OF THE MICHIGAN ELEVATOR CODE